



State of Washington
DEPARTMENT OF FINANCIAL INSTITUTIONS
Division of Consumer Services

P.O. Box 41200 • Olympia, Washington 98504-1200
Telephone (360) 902-8703 • TDD (360) 664-8126 • FAX (360) 664-2258

MORTGAGE BROKER AMENDMENT APPLICATION

INSTRUCTIONS:

1. Contact your insurance company to obtain a rider to your bond changing the name or to add trade name(s).
2. Contact your insurance company to obtain a rider to your bond changing the address of your main office. (Such rider is not required to change the address of a branch office.)
3. Contact the Washington State Department of Licensing, **Master Business License** service at 360/902-3600, or www.dol.wa.gov to change the address/name or add/remove a trade name. (DFI will verify with DOL that the changes have been made)
4. Contact the Washington Secretary of State at 360/753-7115 to **change the name of a corporation, partnership, or LLC only.** (DFI will verify with the Secretary of State that the name change has been made) (This point does not apply for sole proprietorship name change, or any address change.)
5. If changing the name of the company, complete a new Certificate of Compliance and Authorization to Examine Trust Accounts Form. (The Certificate of Compliance and Authorization to Examine Trust Accounts form is available from DFI's website www.dfi.wa.gov, or via fax upon request AT 360/902-8756).
6. Surrender the previous original mortgage broker license.
7. Forward this form (with attachments if needed) and the original, signed and sealed, bond rider to the above address.

MORTGAGE BROKER AMENDMENT APPLICATION

PLEASE CHECK ALL APPLICABLE BOXES:

EFFECTIVE DATE OF CHANGE: _____

- | | | | |
|--------------------------|---------------------------------------|--------------------------|---|
| <input type="checkbox"/> | Main office address change.....No Fee | <input type="checkbox"/> | Branch office address change.....No Fee |
| <input type="checkbox"/> | Main office name change.....No Fee | <input type="checkbox"/> | Branch office name change.....No Fee |
| <input type="checkbox"/> | Add trade name(s) or dba.....No Fee | <input type="checkbox"/> | Remove trade name(s) or dba.....No Fee |
| <input type="checkbox"/> | License reprint.....No Fee | | |
| <input type="checkbox"/> | Other (explain): _____ | |No Fee |

PREVIOUS INFORMATION:

COMPANY NAME _____
TRADE NAME or DBA _____

PHYSICAL ADDRESS _____
CITY/COUNTY/ STATE/ZIP _____

MAILING ADDRESS _____
CITY/COUNTY/STATE/ZIP _____
TELEPHONE NUMBER () _____ FAX() _____
E-MAIL _____

BUSINESS STRUCTURE ☐ CORPORATION ☐ PROPRIETORSHIP ☐ PARTNERSHIP ☐ LLC
☐ OTHER _____

NEW INFORMATION:

COMPANY NAME _____
TRADE NAME or DBA _____

PHYSICAL ADDRESS _____
CITY/COUNTY/ STATE/ZIP _____

MAILING ADDRESS _____
CITY/COUNTY/ STATE/ZIP _____
TELEPHONE NUMBER () _____ FAX() _____
E-MAIL _____

BUSINESS STRUCTURE ☐ CORPORATION ☐ PROPRIETORSHIP ☐ PARTNERSHIP ☐ LLC
☐ OTHER _____

AUTHORIZATION FOR VERIFICATION FORM - COMPANY

TO WHOM IT MAY CONCERN:

I, the undersigned official, of the company noted, hereby authorize and request you to provide the Department of Financial Institutions of the State of Washington, any and all information and documentation that they request for the purpose of verifying information provided in conjunction with an application for a mortgage broker license, or for the purpose of conducting an investigation in accordance with chapter 19.146 Revised Code of Washington.

BY: _____
Signature of Authorized Official

Printed name of Authorized Official

Date

Title